

V. PROFICIENCY TESTING

Proficiency Testing

This laboratory participates in the CAP survey for cytogenetics. These surveys arrive at specific intervals throughout the year. These materials are processed according to the instructions received using the standard operating procedures used in the laboratory.

Attempts are made to review and process the CAP material as if it were a routine patient sample in an effort to uncover potential laboratory procedural problems which could affect the quality of our results.

Results of these surveys are reviewed at the regular laboratory meeting and discussions are held as to how to improve our results and correct potential problems. These surveys and the karyotypes we generated are stored in the laboratory and are being developed into a training tool for new technicians and residents.

The laboratory director reviews and corrects (if needed) all results and then fills out the report form and sends it to CAP.

The director asks that all technicians review the returned results on the surveys and correct any unacceptable ones. Each technician is asked to initial the report form to show that he or she has examined it.

All records of proficiency surveys are retained for at least two years as well as the attestation statements.

IMPORTANT ASPECTS OF CARE SERVICES R=RISK, V=VOLUME, P=PROBLEM	INDICATOR	SAMPLE AND THRESHOLD	DATA COLLECTION METHODS (WHO, WHAT, HOW)
V/CYTOGENETIC DIAGNOSIS	<p>I. TURNAROUND TIME RESULTS ACCESSIBLE:</p> <p>A. AMNIOTIC FLUID REGULAR (<21DAYS)</p> <p>B. PERIPHERAL BLOOD REGULAR (<21DAYS) FRA X (<28 DAYS) HI RESOLUTION (<28DAYS) STAT (<14 DAYS)</p> <p>C. CANCER BONE MARROW (<14 DAYS) UNSTIMULATED BL (<14DAYS)</p> <p>D. SOLID TISSUE SKIN/AUTOPSY (<28 DAYS) POC/SAB PROJECT (<28DAYS)</p>	<p>ALL CASES</p> <p>(95%)</p> <p>(95%)</p> <p>(95%)</p> <p>(95%)</p> <p>(95%)</p> <p>(95%)</p> <p>(95%)</p> <p>(95%)</p>	<p>1. THE TECHNOLOGIST WILL LOG IN THE COMPLETION DATE FOR EACH CASE ON REPORT FORM AND LAB FLOW SHEET. LAB SUPERVISOR, MANAGER OR DIRECTOR, WILL WRITE DOWN THE DATE AND TIME FOR EACH CASE PHONED FOR ON EACH REPORT COPY. THE LAB DIRECTOR AND TECHNICIAN SUBMITTING THE CASE WILL BE RESPONSIBLE FOR WRITING THE DATE OF THE WRITTEN REPORT FOR EACH CASE ON THE REPORT FORM.</p> <p>2. MEMBERS OF THE DEPARTMENTAL QA COMMITTEE WILL BE RESPONSIBLE FOR THE COLLECTION OF THE DATA FOR PHONE AND WRITTEN REPORTS FOR EACH CASE AT THE END OF THE MONTH. THE RESULTS OF MONITORING WILL BE SUMMARIZED AND SUBMITTED TO THE HOSPITAL QA COMMITTEE AND THE DIVISIONAL QA COMMITTEE ANNUALLY.</p>

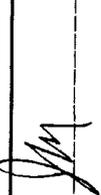
Clinical Cytogenetics QUALITY ASSURANCE 6th Ed. 1996
 Section 15-2
 QUALITY ASSURANCE PLAN

Approved: 

IMPORTANT ASPECTS OF CARE SERVICES R=RISK, V=VOLUME, P=PROBLEM	INDICATOR	SAMPLE AND THRESHOLD	DATA COLLECTION METHODS (WHO, WHAT, HOW)
R. CULTURE INITIATION GROWTH AND MAINTENANCE	II. CULTURE RATE FAILURE A. AMNIOTIC FLUID B. PERIPHERAL BLOOD C. CANCER BONE MARROW D. SOLID TISSUE (SKIN, EXCLUDE POC, FETAL DEMISE)	(< 1%) (< 5%) (> 75%) (> 75%)	1. THE TECHNOLOGIST WILL REPORT CULTURE FAILURE TO THE SUPERVISOR/DIRECTOR AND INDICATE ON THE COUNT SHEET AS EITHER TECHNICAL FAILURE OR CULTURE FAILURE (NO GROWTH). THIS INFORMATION WILL BE COMPILED AND ENTERED IN THE CULTURE FAILURE LOG BOOK BY THE SUPERVISOR. THE DATA WILL BE REVIEWED MONTHLY AND REPORTED TO THE DEPARTMENTAL QA COMMITTEE. RESULTS WILL BE MONITORED EACH MONTH AND REPORTED TO HOSPITAL QA COMMITTEE AND DEPARTMENTAL QA COMMITTEE ANNUALLY.



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 Section 15-3
 QUALITY ASSURANCE PLAN

Approved: 

IMPORTANT ASPECTS OF CARE SERVICES R=RISK, V=VOLUME, P=PROBLEM	INDICATOR	SAMPLE AND THRESHOLD	DATA COLLECTION METHODS (WHO, WHAT, HOW)
P. PROCEDURES AND HANDLING OF TEST RESULTS	III. MISTAKES OF LOGGED TEST RESULTS	ALL CASES (> .5%)	1. SECRETARY WILL LOG RESULTS AFTER CASE HAS BEEN SIGNED AND RELEASED BY THE DIRECTOR. A TECHNOLOGIST WILL CHECK THE LOGGED RESULTS WITH THE COMPLETED REPORTS RETURNED FROM THE MEDICAL DIRECTOR. LAB TECHNOLOGIST WILL THEN CHECK ALL THE RESULTS REPORTED AND LOGGED ON A BIWEEKLY BASIS. IF AN ERROR IS FOUND, THE TECHNOLOGIST WILL REPORT TO THE LAB DIRECTOR IMMEDIATELY FOR A CORRECTED REPORT. THESE DATA WILL BE COLLECTED AND PRESENTED TO THE QA COMMITTEE.